2003 FOR PROFIT CORPORATION

Mailing Address 6020 BROWN AVENUE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

BRADENTON FL 34207

UNIFORM BUSINESS REPORT (UBR P94000088619 DOCUMENT # AMERICAN GRANT ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

Country

6020 BROWN AVE

BRADENTON FL 34207

Suite, Apt. #, etc.

City & State

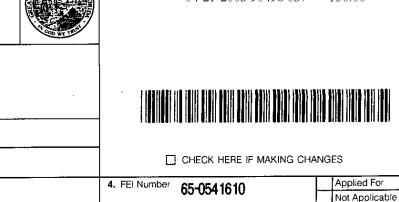
Zip



04-21-2003 90496 037 ***150.00

\$8.75 Additional

Fee Required



5. Certificate of Status Desired

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	Ċ
WEAVER, HERBERT G SR. 6020 BROWN AVE	Name Street Address (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34207	City FL Zip Code	
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	J Agent signature required when reinstating) DATE	

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE:	Registered Agent signature requ	julired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	. OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WEAVER, HERBERT G SR. 6020 BROWN AVENUE BRADENTON FL	° □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CONTY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

7RES